

## **DHHS Response to Vendor Questions**

No.	Question (Section Ref.)	Answer
1	General: Is NH currently engaged with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Medicare and Medicaid Services (CMS) for the Certified Community Behavioral Health Clinics (CCBHC) grant program?	No. New Hampshire is not participating at this time.
2	General: Is the State reviewing and considering the new Medicaid Health Information Exchange (HIE) funding authority provided by CMS ( <a href="https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf">https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf</a> )? If so, which components of this authority is the State interested in pursuing?	The State is reviewing this funding authority information, but has not made determinations as to which components it is pursuing.
3	General: Is the State currently engaged with CMS on the Innovation Accelerator Program (IAP) to support substance use disorders (SUD), specifically around data analytics and payment delivery strategy? If so, will the State leverage some of the CMS technical assistance made available during each phase?	No. New Hampshire is not participating in the IAP for Substance Use Services. The State, however, is participating in the IAP for Primary and Mental Health integration. It does not anticipate receiving technical assistance for IT work at this time.
4	<b>General:</b> Is patient consent currently enacted to support 42 CFR Part 2. If not, can the State provide any information regarding previous conversations to support such consent?	All policies governing exchange of information used by participating entities need to be reviewed for compliance with all federal regulations, including 42 CFR Part 2.
5	General: Does the State have any two way written agreements (or Qualified Service Organization Agreements (QSOAs)) in place to support 42 CFR Part 2? If so, can the State provide the organizations where such agreements are current?	No. New Hampshire does not have any such agreements at this time.
6	General: Do any other state programs embrace Health Information Technology (HIT) utilization measures and HIE/data reporting measures (incentives, penalties, conditions of participations, etc.)? If so, can the State provide those measures? Additionally, is there an expectation that this project would leverage existing measures?	Determination of availability of this information is part of the expected gap analysis that will be lead by the selected vendor in this initiative. Identifying opportunities to leverage existing measures is expected to be part of this statewide project.



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7	<b>General:</b> The State proposed 7 Integrated Delivery Networks (IDN) to support the 1115, but received 11 letters of intent as of 4/4/16. Does that State have a final IDN number and lead count? If so, which IDN's geographic area is known to have the biggest challenges with HIT adoption and data reporting? What are those known challenges?	IDN applications are due to the State on 5/31/16. The State has not received any preliminary or specific information on the HIT challenges of any particular IDN region.
8	<b>General:</b> Beyond Critical Time Intervention (CTI) approaches, does the State have any special interest sub-populations that will be of focus during this 1115 process (veterans, homeless, previously uninsured, minorities, etc.)?	The focus of the 1115 waiver is Medicaid beneficiaries with or at risk of having behavioral health (mental health and substance use disorder) needs.
9	General: Does New Hampshire Healthy Families and Well Sense Health Plan have any HIT contractual requirements that should be accounted for during this process?	No. They do not at this time.
10	General: Will the selected contractor have access to any State Innovation Model (SIM) HIT related documents and historical data that would potentially tie into this 1115 work?	The selected vendor would have access to SIM HIT related documents.